



## STATEMENT OF FAMILY OBLIGATIONS (24 CFR982.551)

I, \_\_\_\_\_, an applicant or participant in the Housing Choice Voucher Rental Assistance Program fully understand the following:

As an applicant or participant of this program I must:

- ✓ Provide any information the PHA determines is necessary in the administration of the program and/or is needed to process an annual reexamination or an interim reexamination (changes between annuals) including verification of citizenship, Social Security numbers, immigration status, income, household composition and verification that the family is actually living in the unit. Information includes any requested certification, release or other documentation.
- ✓ Allow the PHA to inspect the unit and is responsible for an HQS breach caused by the family.
- ✓ Notify the PHA and the owner before moving out of the unit, or terminating the lease.
- ✓ Give the PHA a copy of any owner eviction notice.
- ✓ Use the assisted unit for residence by my family and this unit must be each member of my family's only residence.
- ✓ Get PHA approval for each member of my family residing in the unit and promptly notify the PHA of the birth, adoption or court-awarded custody of a child. For all other family members I must request PHA approval before adding them to my unit. No one but approved members of the family may reside in the unit.
- ✓ Promptly notify the PHA if a family member moves out of the unit.
- ✓ Request PHA approval for a foster child or a live-in-aide to reside in my unit and I understand that the PHA has policies concerning foster children and live-in-aides that define when consent may be given or denied.
- ✓ Use the unit primarily for residence but do understand that I may engage in legal profit making activities if such activities are incidental to the primary use.
- ✓ Promptly notify the PHA if I or a family member is going to be absent from the unit and supply any information or certification requested by the PHA to verify that the family is living in the unit or relating to family absence from the unit, including any PHA requested information or certification on the purposes of family absences. The family must cooperate with the PHA for this purpose.

As an applicant or participant of this program I understand that:

- ✓ Any information that I provide to the PHA must be true and complete.

As an applicant or participant of this program I must not:

- ✓ Commit any serious or repeated violation of the lease.
- ✓ Sublet or lease the unit.
- ✓ Assign the lease or transfer the unit.
- ✓ Own or have any interest in the unit.
- ✓ Commit fraud, bribery or any other corrupt or criminal act in connection with the program
- ✓ Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
- ✓ Abuse alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
- ✓ Receive Section 8 tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative (as determined by HUD or in accordance with HUD requirements) federal, State, or local housing assistance program.

**By signing this document I/We declare that I/WE have read and fully understood all of the above information. Also, I/We under penalty of perjury that the information given to the Prince William County Office of Housing and Community Development (OHCD) is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance or ineligibility.**

Signature of Head of Household	Date	Signature of Spouse/Co-Head	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
Signature of Housing Program Specialist	Date		



## **STATEMENT OF FAMILY OBLIGATIONS (24 CFR982.551)**

### **GROUNDINGS FOR DENIAL OR TERMINATION OF ASSISTANCE**

Denial of Assistance for an Applicant may include any or all of the following:

- ✓ Denial for placement on the OHCD waiting list
- ✓ Denying or withdrawing a voucher
- ✓ Refusing to enter into a HAP contract or approve a tenancy
- ✓ Refusing to process or provide assistance under portability procedures

Termination of Assistance for a participant may include any or all of the following:

- ✓ Refusing to enter into a HAP contract or approve a tenancy
- ✓ Terminating housing assistance payments under an outstanding HAP contract
- ✓ Refusing to process or provide assistance under portability procedures

### **MANDATORY DENIAL OR TERMINATION**

OHCD must deny assistance to applicants or terminate assistance for participants for any of the following reasons:

- ✓ If any member of the family fails to sign and submit consent forms for obtaining information in accordance with part 5, subparts B and F of this title (24CFR)•,
- ✓ If any member of the family fails to establish citizenship or eligible immigration status;
- ✓ If any family member fails to meet the eligibility requirements concerning individuals enrolled at an institution of higher education as specified in 24CFR5.612;
- ✓ If any member of the household has ever been convicted of the manufacture or the production of methamphetamine on the premises of federally assisted housing

OHCD must terminate assistance for a participant for any of the following reason:

- ✓ If a family is evicted from housing assisted under the program for serious violation of the lease

### **GROUNDINGS FOR DENIAL OR TERMINATION OF ASSISTANCE**

The PHA may at any time deny program assistance for an applicant, or terminate program assistance for a participant, for any of the following grounds:

- ✓ If the family violates any of the Family Obligations under the program;
- ✓ If any member of the family has been evicted from federally assisted housing in the last five years;
- ✓ If a PHA has ever terminated assistance under the program for any member of the family;
- ✓ If any member of the family has committed fraud, bribery, or any other corrupt or criminal act in connection with any Federal housing program;
- ✓ If the family currently owes rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act;
- ✓ If the family has not reimbursed any PHA for amounts paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under the lease;
- ✓ If the family breaches an agreement with the PHA to pay amounts owed to a PHA, or amounts paid to an owner by a PHA;
- ✓ If a family participating in the FSS program fails to comply, without good cause, with the family's FSS contract of participation; If the family has engaged in or threatened abusive or violent behavior toward PHA personnel;
- ✓ If a welfare-to-work (WTW) family fails, willfully and persistently, to fulfill its obligations under the welfare-to-work voucher program;
- ✓ If the family has been engaged in criminal activity or alcohol abuse

### **DENIAL OR TERMINATION FOR CRIMINALS AND ALCOHOL ABUSERS**

The PHA must prohibit admission to the program for the following reasons:

- ✓ If an applicant has been evicted from federally assisted housing for drug related criminal activity for three years from the date of eviction;
- ✓ If any member of the family is subject to a lifetime registration requirement under a State sex offender registration program;

The PHA may prohibit admission to the program for the following reasons:

- ✓ If any household member is currently engaged in or has engaged in during a reasonable time before the admission drug related criminal activity, violent criminal activity or other criminal activity that may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents or person residing in the immediate vicinity;
- ✓ If any household member engages in other criminal activity which may threaten the health or safety of the owner, property management staff or persons performing a contract administration function or responsibility on behalf of the PHA.

The PHA may terminate program assistance for the following reasons:

- ✓ If any household member is currently engaged in any illegal use of a drug
- ✓ If a pattern of illegal use of a drug by any household member interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents